

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
3/31/2010

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No Bogh-01

☐ **Amendment** (Explain Below)

from 1/1/2010

through 3/27/2010

Date of election if applicable:
(Month, Day, Year)

4/13/2010

Page 1 of 3

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1312282

COMMITTEE/FILER'S NAME

Citizens for California Reform

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814 (916)442-7757

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Charles H. Bell, Jr.

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814 (916) 442-7757

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Russell Bogh

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

State Senator District 37

CHECK ONE

SUPPORT	OPPOSE
X	
SUPPORT	OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
3/18/2010	Earshot Audio Post Sacramento, CA 95814	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS TV and Radio Production - Talent & Studio	\$876.94	\$47,281.94
3/18/2010	The Battin Group La Quinta, CA 92253	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS TV and Radio Airtime	\$36,405.00	\$47,281.94
3/18/2010	KPSI-AM Palm Springs, CA 92262	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS IND - TEL RAD TV and Radio Airtime and Production - Independent Expenditure Supporting Russell Bogh SD 37	\$3,468.00	\$0.00

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OPTIONAL: FAX/E-MAIL ADDRESS

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2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
3/18/2010	KNWZ-AM Palm Springs, CA 92262	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS IND - TEL RAD TV and Radio Airtime and Production - Independent Expenditure Supporting Russell Bogh SD 37	\$2,826.25	\$0.00
3/18/2010	Time Warner Cable Palm Desert, CA 92260	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS IND - TEL RAD TV and Radio Airtime and Production - Independent Expenditure Supporting Russell Bogh SD 37	\$24,650.00	\$0.00
3/18/2010	Bright Media Competitive Persuasion Washington, DC 20007	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS TV and Radio Production	\$10,000.00	\$47,281.94

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Report covers period		CALIFORNIA FORM 465
from	1/1/2010	
through	3/27/2010	Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for California Reform

I.D. NUMBER (If recipient com.)

1312282

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.)	\$47,281.94
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	\$47,281.94
TOTAL	

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

Secretary of State

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95814

2) NAME OF FILING OFFICER

Los Angeles County Registrar & Recorder

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Norwalk CA 90650

3) NAME OF FILING OFFICER

San Francisco Department of Elections

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

San Francisco CA 94102

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/31/2010
DATE

Executed on
DATE

Executed on
DATE

Executed on
DATE

By Bell, Jr Bell, Jr Bell, Jr Bell, Jr
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT